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Bib Data Sheet

CONFIRMATION NO. 9116

<b>SERIAL NUMBER</b> 10/043,818	<b>FILING OR 371(c) DATE</b> 01/11/2002 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2617	<b>ATTORNEY DOCKET NO.</b> 100.070US31
<b>APPLICANTS</b> MICHAEL J GEILE, LOVELAND, OH;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/396,309 09/15/1999 PAT 6,487,405 * which is a DIV of 08/673,002 06/28/1996 PAT 6,334,219 which is a CIP of 08/650,408 05/20/1996 ABN (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/06/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 107	<b>TOTAL CLAIMS</b> 5
		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 34206				
<b>TITLE</b> SYSTEMS FOR SYNCHRONOUS MULTIPOINT-TO-POINT ORTHOGONAL FREQUENCY DIVISION MULTIPLEXING COMMUNICATION				
<b>FILING FEE RECEIVED</b> 1440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	